	PATENT APPLICATION FEE DETERMINATION RECOR											Application or Docket Number 19 1577, 757				
	1	たいとなって CLAIMS AS FILED - PART I (Column 1) (Column 2)									AALL YPE	ENTITY	OR	OTHER TH.		
·	FC	PA	1	NUMBE	R FILED		NUMBER	EXTRA		R	ATE	FEE	1	RATE	FEE	
	ВА	SIC FEE		· · · · · · · · · · · · · · · · · · ·								345.00	OR	. 1	690.00	
	TC	TAL CLAIMS		1 minus 20=			. 0			X	\$ 9=		OR	X\$18=		
	INE	EPENDENT CL	√ minus 3 =			• 0			X39			OR	X78=			
	MU	LTIPLE DEPEN	DENT	CLAIM PRESENT						+130				+260=		
	- 11	the difference	column 2				34500	OR OR	TOTAL							
		CLAIMS AS AMENDED - PART II									ML	مدورة م	JOH		THAN	
1				umn 1)			(Column 2) (Column 3)			SMA		ENTITY	OR	OTHER THAN SMALL ENTITY		
1/02	ENT A		REM A	AIMS IAINING FTER NDMENT		Pf	HIGHËST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
27	MENDMENT	Total	· 12	\$	Minus	••	20	-		X	5 9=		OR	X\$18=		
	AME	Independent	•	Ľ	Minus	***	<u> </u>	= —		X	39=		OR	X78≃		
4	_	FIRST PRESE	NTATIO	ON OF MI	JLTIPLE DEF	ENE	DENT CLAIM			+1	30=		OR	+260=		
											TOTAL		OR	TOTAL ADDIT, FEE		
M		(Column 1) (Column 2) (Column											•			
9/0	ENDMENT 8		REN A	AIMS IAINING FTER NDMENT_		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
7	Š	Total	$\cdot /$	5	Minus	**	20	<u> </u>		X	9=		OR	X\$18=		
7	AME	Independent		2	Minus	**	<u> </u>	=		X	9=		OR	X78=	ı	
		FIRST PRESE	NIAII	ON OF MI	JULIPLE DEF	ENL	DENT CLAIM	,	Ì	+1	30=		OR	+260=		
									•		OTAL T. FEE		OR	TOTAL ADDIT. FEE		
7			umn 1)		(Column 3)											
0	ပ			AIMS IAINING			HIGHEST NUMBER	PRESENT	ſ	•		ADDI-	ĺ		ADDI-	
121/	AMENDMENT			FTER NOMENT			REVIOUSLY PAID FOR	EXTRA		RA	NTE	TIONAL FEE		RATE	TIONAL FEE	
7	WOP	Total	. 1		Minus	••	20	=7		X\$	9=		OR	X\$18=		
S	ME	Independent	•	1	Minus	***		=	ł	X3	9=			X78=		
	_	FIRST PRESE	NTATIO	ON OF MI	JLTIPLE DEF	ENC	DENT CLAIM		1				OR			
		if the entry in colu	mn 1 isi	less than th	ne entry in colu	mn 2.	, write "0" in co	lumn 3.	L		30= OTAL		OR	+260=		
	••	If the "Highest Nu	mber Pr	eviously Pa	aid For IN THIS	SPA	ACE is less tha	n 20, enter "20."	. ,		FEE		OR ,	TOTAL ADDIT. FEE		
		The "Highest Num							r lou	nd in	the app	propriate box	in co	umn 1.		